



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C031036

1. DATE OF REPORT <u>12/31/05</u>	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>Hubbard 4 State Rep</u>	
3. COMMITTEE MAILING ADDRESS <u>1546 Biddle</u> CITY / STATE / ZIP <u>St. Louis Mo. 63106</u>	4. COMMITTEE TELEPHONE NUMBER <u>(314) 973-1986</u>
5. TREASURER'S NAME <u>Micho Wilson</u>	
6. TREASURER'S MAILING ADDRESS <u>1546 Biddle</u> CITY / STATE / ZIP <u>St. Louis Mo. 63106</u>	7. TREASURER'S TELEPHONE NUMBER HOME: <u>314-973-1986</u> WORK: <u>N/A</u>
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER <u>Rodney Hubbard</u>	
9. DEPUTY TREASURER'S MAILING ADDRESS <u>1025 N 16th St</u> CITY / STATE / ZIP <u>St. Louis Mo. 63106</u>	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: <u>314-393-6120</u> WORK: <u>N/A</u>
11. DATE OF ELECTION <u>Aug 8, 06</u>	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM <u>Oct 1, 2005</u> THROUGH <u>Dec 31, 2005</u>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <u>Rodney Hubbard</u> <u>1025 N 16th St</u> <u>St. Louis Mo. 63106</u> <u>314-393-6120</u> <u>State Representative</u> <u>DIST 58</u> <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input checked="" type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ <div style="border: 1px solid black; padding: 5px; text-align: center;">MISSOURI ETHICS COMMISSION JAN 12 2006 HAND DELIVERED </div>
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>Micho Wilson</u> TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>Rodney Hubbard</u> CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

Hubbard 4 State
Rep

DATE OF
REPORT

12/31/05

OFFICE USE
ONLY

RECEIPTS		A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 400	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 5300				
3. ALL LOANS RECEIVED THIS PERIOD	+				
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+				
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 5300				
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+			25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 302.76
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 5300			26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 5300.00
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-			27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 5700		a) Disbursements By Check \$ 442.70	
				b) Disbursements By Cash \$	
EXPENDITURES		A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 554.54
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 3278.07	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 4442.70				
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+				
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+				
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 4442.70				
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 7670.77		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
CONTRIBUTIONS MADE		A. THIS PERIOD	B. THIS ELECTION	30. LOANS RECEIVED THIS PERIOD	+
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$	31. NEW DEBTS INCURRED THIS PERIOD	+
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$			32. PAYMENTS MADE ON LOANS THIS PERIOD	-
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+			33. CREDITS RECEIVED ON LOANS THIS PERIOD	-
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$			34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$
OTHER DISBURSEMENTS		A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+				
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+				
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+				
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$				



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE



1. NAME OF COMMITTEE <i>Hubbard 4 State Rep</i>		2. REPORT DATE <i>12/31/05</i>	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>Jerry M Hunter</i> ADDRESS: <i>21 Kingsburg Pl</i> CITY / STATE: <i>St. Louis Mo. 63112</i> EMPLOYER: <i>attorney</i> <input type="checkbox"/> COMMITTEE:		<i>12/7/05</i> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Aleta Tate</i> ADDRESS: <i>8928 Mayfield</i> CITY / STATE: <i>St. Louis Mo. 63136</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>12/7/05</i> \$ <i>100</i>	\$ <i>100</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>N Kitay hee</i> ADDRESS: <i>18901 Uccerme Court</i> CITY / STATE: <i>St. Louis Mo 63138</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>12/7/05</i> \$ <i>100</i>	\$ <i>100</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Susie McFarland</i> ADDRESS: <i>2207 Sidney</i> CITY / STATE: <i>St. Louis Mo. 63104</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>12/7/05</i> \$ <i>25</i>	\$ <i>25</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Sharon Mc PAC</i> ADDRESS: <i>939 Lebanon Dr</i> CITY / STATE: <i>St. Louis Mo 63104</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>12/7/05</i> \$ <i>400</i>	\$ <i>100</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>625</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ \$ <i>4675</i>
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ <i>5300</i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A			\$
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME:			
ADDRESS:			
CITY / STATE:			
NAME:			
ADDRESS:			
CITY / STATE:			
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE <i>Hubbard 4 State Rep</i>	DATE <i>12/31/05</i>
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>Dana Husk</i> ADDRESS: <i>3020 Franklin</i> CITY / STATE: <i>St. Louis Mo. 63106</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	<i>12/7/05</i> \$ <i>25</i>	\$ <i>25</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Missouri Association of Municipal Utilities</i> ADDRESS: <i>2407 W Ash</i> CITY / STATE: <i>Columbia Mo</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE: <input type="checkbox"/>	<i>12/2/05</i> \$ <i>150</i>	\$ <i>150</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>West County Radiological Group, Inc</i> ADDRESS: <i>101 South Hanley</i> CITY / STATE: <i>St. Louis Mo. 63105</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	<i>10/15/05</i> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Monsanto Company</i> ADDRESS: <i>800 N Lindbergh</i> CITY / STATE: <i>St. Louis Mo. 63167</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	<i>12/7/05</i> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Dealers Interested in Government</i> ADDRESS: <i>P.O. Box 245</i> CITY / STATE: <i>Jefferson City, Mo 65102</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	<i>12/1/05</i> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Stone, Leyton & Gerstman</i> ADDRESS: <i>7733 Forsyth Blvd</i> CITY / STATE: <i>St. Louis Mo. 63105</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	<i>12/2/05</i> \$ <i>300</i>	\$ <i>300</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Stone & Alter Real Estate</i> ADDRESS: <i>7733 Forsyth Blvd</i> CITY / STATE: <i>St. Louis Mo 63105</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	<i>12/2/05</i> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Boardwalk Corp Centre</i> ADDRESS: <i>1001 Boardwalk Spring Place</i> CITY / STATE: <i>O'Fallon Mo</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <input checked="" type="checkbox"/>	<i>12/5/05</i> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>1975</i>

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

Hubbard 4 State Rep

DATE

12/31/05

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD-1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.

3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: Creek Valley LLC ADDRESS: 1001 Boardwalk Springs Place CITY / STATE: O'Fallon Mo 63366 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/2/05 \$ 300	\$ 300 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Havenwood LLC ADDRESS: 1001 Boardwalk Springs Place CITY / STATE: O'Fallon Mo 63366 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/2/05 \$ 300	\$ 300 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Steven M Stone ADDRESS: 5 Terryhill Lane CITY / STATE: St. Louis Mo 63131 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/2/05 \$ 300	\$ 300 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Western anesthesiology assoc. ADDRESS: 339 Consort Drive CITY / STATE: Ballwin Mo 63011 EMPLOYER: <input type="checkbox"/> COMMITTEE:	10/1/05 \$ 300	\$ 300 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Slay Mayor 2005 ADDRESS: 6559 I Taska St CITY / STATE: St. Louis Mo 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/7/05 \$ 300	\$ 300 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ICHI Ban & Associates ADDRESS: St. Louis Mo. CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/7/05 \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Friends of G. negroup ADDRESS: 4127 Hupston CITY / STATE: St. Louis Mo. 63116 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	12/7/05 \$ 100	\$ 100 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: J.J. Ablan ADDRESS: 2140 Parasol Dr CITY / STATE: Chesterfield Mo 63017 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/8/05 \$ 100	\$ 100 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 1900

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

Hubbard 4 State Rep

DATE

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.

3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: Third Eye Investment & Development Corp ADDRESS: 625 N Euclid CITY / STATE: St. Louis Mo. 63108 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/7/05 \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Health Care Leadership Committee ADDRESS: 11648 Gravois Rd CITY / STATE: St. Louis Mo. 63126 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	12/24/05 \$ 300	\$ 300 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Ameren PAC ADDRESS: P.O. Box 780 CITY / STATE: Jefferson City Mo 65102 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	12/28/05 \$ 300	\$ 300 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/28/05 \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

\$ 800

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE



1. NAME OF COMMITTEE <i>Hubbard of State Rep</i>		2. REPORT DATE <i>12/31/05</i>	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4. AMOUNT PAID OR INCURRED THIS PERIOD	
3. CATEGORY OF EXPENDITURE			
		\$	
		\$	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$	
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	
8. NAME AND ADDRESS OF RECIPIENT		9. DATE	11. AMOUNT THIS PERIOD
NAME: <i>Mo - Ethics State Missouri</i> ADDRESS: <i>P.O. Box 1254</i> CITY / STATE: <i>Jefferson City Mo 65102</i>		<i>10/19/05</i>	\$ <i>Late Fees</i> <input checked="" type="checkbox"/> PAID <i>210.00</i> <input type="checkbox"/> INCURRED
NAME: <i>The Cedar</i> ADDRESS: <i>939 Lebanon Dr</i> CITY / STATE: <i>St. Louis Mo 63106</i>		<i>12/8/05</i>	\$ <i>Banquet</i> <input checked="" type="checkbox"/> PAID <i>762.70</i> <input type="checkbox"/> INCURRED
NAME: <i>Mo - Ethics - State Missouri</i> ADDRESS: <i>P.O. Box 1254</i> CITY / STATE: <i>Jefferson City Mo. 65102</i>		<i>12/8/05</i>	\$ <i>Late Fee</i> <input checked="" type="checkbox"/> PAID <i>440.00</i> <input type="checkbox"/> INCURRED
NAME: <i>Michael Catering</i> ADDRESS: <i>St. Louis Mo</i> CITY / STATE: <i>St. Louis Mo</i>		<i>12/7/05</i>	\$ <i>Catering</i> <input checked="" type="checkbox"/> PAID <i>250.00</i> <input type="checkbox"/> INCURRED
NAME: <i>Carl Brune</i> ADDRESS: <i></i> CITY / STATE: <i></i>		<i>12/7/05</i>	\$ <i>Photo PR</i> <input checked="" type="checkbox"/> PAID <i>500.00</i> <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$ <i>2162.70</i>	
13. SUBTOTAL: ANY ATTACHED PAGES		+ \$ <i>2280.00</i>	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ <i>4442.70</i>	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$	
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		22. AMOUNT	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$	
24. SUBTOTAL: ANY ATTACHED PAGES		+ \$	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$	



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE

Hubbard 4 State Rep

DATE

12/31/05

INSTRUCTIONS

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS
TO CAMPAIGN WORKERS

NAME AND ADDRESS OF RECIPIENT

DATE

PURPOSE - (IF PAYMENT
WAS TO A CAMPAIGN
WORKER, SHOW
AGGREGATE PAID)

AMOUNT PAID OR
INCURRED THIS PERIOD

Daphyne Garrett 1546 Can St. Louis Mo. 63106	12/8/05	Campaign worker	\$ 300.02
Salama Market 1444 N 14th St. Louis Mo 63106	12/8/05	Food give away/xmas	\$ 1500.00
Carl Hunt 1444 N 14th St St. Louis Mo. 63106	12/6/05	Toys for Kids	\$ 380.02
Show Me PAC 939 Labanon Dr St. Louis Mo 63104	12/30/05	Reimburse Expense	\$ 100.00
			\$
			\$
			\$
			\$
			\$
			\$
			\$

TOTAL: ITEMIZED EXPENDITURES

(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)

\$ 2280

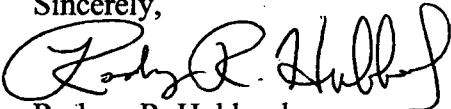
Hubbard 4 State Rep.
1546 Biddle
St. Louis Mo 63106

December 29, 2005

Dear, Show Me Pac

Thank you for the contribution for a total of \$400 dollars. However my candidate committee can only receive \$300 per Primary Cycle. Therefore I'm reimbursing \$100 to the Show Me Pac. Your support is greatly appreciated. Again thank you!!

Sincerely,

A handwritten signature in black ink, appearing to read "Rodney R. Hubbard". The signature is stylized with a large, looping "R" and "H".

Rodney R. Hubbard
State Representative(58 DIST)